

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-2349.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be additional reimbursement for Thoracic Discogram.
- b. The request was received on April 2, 2002.

**II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 13, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 14, 2002. The response from the insurance carrier was received in the Division on June 18, 2002. Based on 133.307 (i) the insurance carrier's response is timely. (untimely so the Commission shall issue a decision based on the request.)

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated November 12, 2001 that... "...We would like for you to consider our bill for a thoracic spine discogram (levels T8-L1) done on May 30, 2000 and a thoracic spine discogram (levels T5-T8) done on June 6, 2001. **THIS IS NOT A DUPLICATE**... Pre-authorization was obtained and a report is attached dated April 17, 2001. Also you will find our reports with the original billing..."

Requestor: The requestor states in correspondence submitted on December 16, 2002 that... "We would like to clarify the procedure for DOS 5-30-01 was a thoracic discogram for levels T8-L1. The patient could not endure the anesthesia for a prolonged period of time so she chose to follow-up the 2<sup>nd</sup> part of the procedure the following week. We tried to get the patient to return within 3 days but \_\_\_ felt she needed more time to recuperate from the procedure. We were able to continue to DOS 6-6-01 for levels T5-T8..."

2. Respondent: The respondent states in correspondence submitted on June 17, 2002 that... "...A thoracic discogram was pre-authorized on May 11, 2001, and performed on May 30, 2001. The orthopedic surgeon, Dr. \_\_\_, to whom the treating chiropractor had referred the claimant, stated in his July 2, 2001, report 'This lady has a least a six-level disease and is **clearly not a surgical candidate**' Dr. \_\_\_ report indicates that the outcome of the discogram had no impact on her future treatment. It appears the provider is alleging a service date from May 30, 2001 to June 10, 2001, however clearly the **service was on two separate occasions**. The carrier paid fair and reasonable for the May 30, 2001, discogram however since the **second** discogram performed on June 6, 2001, **was not pre-authorized**, the carrier's position is that no payment is due for the unauthorized discogram."

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on May 30, 2001 and extending through June 6, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/30/01	62291-WP	\$303.00	\$0.00	A	\$303.00	TWCC 134.600(b)(1)(B)  MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$303.00 is recommended.
DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B)  MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B)  MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B)  MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B)  MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	72285-WP	\$487.00 PCS: \$76.00 TCS: \$411.00	\$0.00	A	\$487.00	TWCC 134.600(b)(1)(B)  MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$487.00 is recommended.
	76003-26	\$60.00	\$0.00	A	\$52.00 (PC\$)	TWCC 134.600(b)(1)(B)  MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$52.00 is recommended.

	A4645	\$100.00	\$50.00	A, S	DOP (\$100.00 - 50.00 = \$50.00)	TWCC 134.600(b)(1)(B) MFG, R/NMGR, (II)(A)(2)(b)	Preauthorization obtained; therefore, reimbursement in the amount of \$50.00 is recommended.
<b>DOS</b>	<b>CPT or Revenue CODE</b>	<b>BILLED</b>	<b>PAID</b>	<b>EOB Denial Code(s)</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>REFERENCE</b>	<b>RATIONALE:</b>
	71010-WP	\$41.00 PCS: \$17.00 TCS: \$24.00	\$0.00	R	\$41.00		Requestor has removed this CPT code from the dispute; therefore, it is no longer an issue.
	93005-WP	\$26.00	\$0.00	A	\$26.00	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$26.00 is recommended.
	94760-WP	\$65.00	\$0.00	A	\$52.00	TWCC 134.600(b)(1)(B) CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$52.00 is recommended.
	99499-RR	\$80.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$80.00 is recommended.
	J3010	\$25.00	\$20.00	A, S	DOP (\$25.00 - \$20.00 = \$5.00)	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$5.00 is recommended.
	J2000	\$20.00	\$10.00	A, S	DOP (\$20.00 - \$10.00 = \$10.00)	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$10.00 is recommended.
	A4215	\$5.00	\$0.00	A, G	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$5.00 is recommended.
<b>DOS</b>	<b>CPT or Revenue CODE</b>	<b>BILLED</b>	<b>PAID</b>	<b>EOB Denial Code(s)</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>REFERENCE</b>	<b>RATIONALE:</b>

	J7040	\$50.00	\$10.00	A, S	DOP (\$50.00 - \$10.00 = \$40.00)	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$40.00 is recommended.
	99070	\$10.00	\$7.00	A, S	DOP (\$10.00 - \$7.00 = \$3.00)	TWCC 134.600(b)(1)(B) CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$3.00 is recommended.
	01912-46 9 RVU's	\$450.00	\$280.00	A, S	\$170.00	TWCC 134.600(b)(1)(B) CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$170.00 is recommended.
06/06/01	62291-WP	\$303.00	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B) MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B) MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	62291-51	\$151.50	\$0.00	A	\$151.50	TWCC 134.600(b)(1)(B) MFG, SGR (II)(A)	Preauthorization obtained; therefore, reimbursement in the amount of \$151.50 is recommended.
	72285-WP	\$487.00 PCS: \$76.00 TCS: \$411.00	\$0.00	A	\$487.00	TWCC 134.600(b)(1)(B) MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$487.00 is recommended.
<b>DOS</b>	<b>CPT or Revenue CODE</b>	<b>BILLED</b>	<b>PAID</b>	<b>EOB Denial Code(s)</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>REFERENCE</b>	<b>RATIONALE:</b>
	76003-26	\$60.00	\$0.00	A	\$52.00 (PC\$)	TWCC 134.600(b)(1)(B) MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$52.00 is recommended.

	A4645	\$100.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)  MFG, R/NMGR, (II)(A)(2)(b)	Preauthorization obtained; therefore, reimbursement in the amount of \$100.00 is recommended.
	72128-WP	\$436.00  PCS: \$114.00 TCS: \$322.00	\$0.00	A	\$436.00	TWCC 134.600(b)(1)(B)  MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$436.00 is recommended.
	76375-WP	\$205.00  PCS: \$17.00 TCS: \$188.00	\$0.00	A	\$205.00	TWCC 134.600(b)(1)(B)  MFG, R/NMGR, (I)(A)(2)	Preauthorization obtained; therefore, reimbursement in the amount of \$205.00 is recommended.
	93005-WP	\$26.00	\$0.00	A	\$26.00	TWCC 134.600(b)(1)(B)  CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$26.00 is recommended.
	94760-WP	\$65.00	\$0.00	A	\$52.00	TWCC 134.600(b)(1)(B)  CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$52.00 is recommended.
	99499-RR	\$80.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)  CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$80.00 is recommended.
<b>DOS</b>	<b>CPT or Revenue CODE</b>	<b>BILLED</b>	<b>PAID</b>	<b>EOB Denial Code(s)</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>REFERENCE</b>	<b>RATIONALE:</b>
	J0690	\$15.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$15.00 is recommended.
	J3010	\$25.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$25.00 is recommended.

	J2000	\$20.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$20.00 is recommended.
	J4550	\$50.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$50.00 is recommended.
	J3360	\$25.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$25.00 is recommended.
	A4215	\$5.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$5.00 is recommended.
	J7040	\$50.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$50.00 is recommended.
<b>DOS</b>	<b>CPT or Revenue CODE</b>	<b>BILLED</b>	<b>PAID</b>	<b>EOB Denial Code(s)</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>REFERENCE</b>	<b>RATIONALE:</b>
	J2765	\$25.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$25.00 is recommended.
	99070	\$10.00	\$0.00	A	DOP	TWCC 134.600(b)(1)(B)	Preauthorization obtained; therefore, reimbursement in the amount of \$10.00 is recommended.
	01912-46 12 RVU's	\$600.00	\$0.00	A	\$600.00	TWCC 134.600(b)(1)(B)  CPT Descriptor	Preauthorization obtained; therefore, reimbursement in the amount of \$600.00 is recommended.
<b>Totals</b>		\$5,218.00	\$377.00				The Requestor is entitled to reimbursement in the amount of <b>\$4,606.50.</b>

The above Findings and Decision are hereby issued this 31<sup>st</sup> day of December 2002.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

## **VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$4,606.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 31<sup>st</sup> day of December 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf